

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE: CITY OF DETROIT
Kevyn Orr, Emergency Manager
2 Woodward Avenue
Suite 1126
Detroit, Michigan 48226

CASE NO: 13-53846

CHAPTER: 9

JUDGE: RHODES

Debtor.

MOTION FOR/TO FILE A LATE CLAIM

CREDITOR

NOW COMES Debtor(s), and brings this motion for/to FILE A LATE CLAIM

. In support of Debtor(s)'s motion, Debtor states the following

[state the facts]:

1. I believe I am a creditor of the City of Detroit, and the City of Detroit owes me money.

2. After receiving my ballot to vote, and I learned that "I" was a creditor, I believe the City of Detroit owes me \$18,823.00 as stated on the ballot which I voted "NO" because the literature stated in the ballot explaining that if we voted "YES" I would give up my rights to "PROTEST" being named as a CREDITOR.
3. Debtor requests Judge Rhodes examine the enclosed documents that will prove CREDITOR that I, THOMASENA BARGE, AKA THOMASENE BARGE severed employment with the City of Detroit in May, 1988, and on June 17, 1988, I was paid my annuity. I should not be included in this CHAPTER 9 Bankruptcy; but excluded and my \$18,823.00 refunded to me by way of a CHECK for said amount.
WHEREFORE, Debtor requests this Court to consider Debtor's Motion for/to

CREDITOR

FILE A LATE CLAIM and afford Debtor what further relief this Court deems equitable

and just. A copy of a proposed Order is attached hereto.

Respectfully submitted,

Thomasena Barge
Thomasena Barge AKA Thomasene Barge
(Debtor's Signature)

Print Name: Thomasena Barge AKA Thomasene Barge

N/A

(Co-Debtor's Signature)

Print Name: N/A

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE: CITY OF DETROIT

CASE NO: 13-53846

CHAPTER: 9

JUDGE: Rhodes

Debtor.

/

ORDER GRANTING MOTION TO/FOR FILE A LATE CLAIM stating that
I did not agree with Kevyn Orr's decision as Emergency Manager to extract monies in the amount of \$18,823.00 from my small "LUMP SUM" pension check.

CREDITOR

This matter having come before the Court on Debtor's motion to/for FILE A LATE CLAIM.

, the Court having considered the motion, and having found cause:

IT IS ORDERED that the motion is granted.

MEMORY TRANSMISSION REPORT

TIME : 11-21-2013 09:58
FAX NO.1 : 3133436314
NAME : Michigan Works

FILE NO. : 866
DATE : 11.21 09:57
TO : * 13139645220
DOCUMENT PAGES : 3
START TIME : 11.21 09:57
END TIME : 11.21 09:58
PAGES SENT : 3
STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

To: Al Garrett From: Thomasina Bang
Fax: (313) 964-5220 Pages: Three (3)
Phone: (313) 964-1711 Phone: (517) 348-8367
Re: Retirement Information Date: November 21, 2013
City of Detroit

Urgent For Review Please Comment Please Reply Please Recycle

November 21, 2013

Thomasena Barge
5226 Newport Street
Detroit, Michigan 48213

Mr. Al Garrett
Local 1023, Council 25
600 W. Lafayette Street
Detroit, Michigan 48226

Re: Pension Seniority #196890

Dear Mr. Garrett,

On Friday, November 15, 2013, I contacted you through letter that I left with the gentleman at the downstairs desk in the lobby of Local 1023, Council 25 regarding my possible eligibility for a pension. The reason I had contacted you was that I was told at the Pension Bureau on the 9th floor of the Coleman A. Young Municipal Building that I was nine months short of the ten year requirement.

The reason that I contacted you was that I disputed the information I was given by Danielle Westbrook, City of Detroit Retirement Systems. You advised me to return to the Pension Bureau and request a printout of my service time. I did as you told me on Tuesday, November 19, 2013. At that time I was given this letter by Danielle Westbrook. I told her that you had told me to ask for a printout of my service time, and I was told that the information in the system was not given out.

After looking at the letter I was given, I noticed that the address on the letter had an address located at 2220 Lawrence #204, Detroit, Michigan 48206. At that time that I lived at this address was during my Suspension with Recommendation for Discharge which was 1986. I had moved to this apartment so that I would have a stable place to reside in order for me to be able to get to work with the City of Detroit.

You had represented me in 1986, and won my arbitration for me to regain my position with the Mayor's Neighborhood City Halls as an Assistant Neighborhood Services Representative. I did not receive any back pay, but I did regain my seniority. At that time, I had nine years with the City of Detroit. After that arbitration, I kept all of my paycheck stubs, and I still have them today as proof of my time on the job with the City of Detroit.

I am submitting the letter I received from Danielle Westbrook for your observation by fax from the Michigan Works Office in Grosse Pointe on Mack Avenue. If you want to contact me by phone at the (517) 348-8367 number and can not get through because I have used up the allotted 250 minutes, please contact me at (313) 423-1529. Thank you, Mr. Garrett for your time.

Sincerely

Thomasena Barge



MEMORY TRANSMISSION REPORT

TIME : 11-27-2013 08:38
FAX NO. 1 : 3133435314
NAME : Michigan Works

FILE NO. : 940
DATE : 11.27 08:36
TO : 13132243522
DOCUMENT PAGES : 3
START TIME : 11.27 08:36
END TIME : 11.27 08:38
PAGES SENT : 3
STATUS : OK

SUCCESSFUL TX NOTICE

**Michigan Works!
Grosse Pointe**

Fax

To: Danielle Westroom From: Thomasina Bangz
Fax: (313)224-3522 Pages: 3
Phone: (313) 224-3367 (x227) Phone: (517) 348-8367
Re: City of Detroit Date: November 27, 2013

Urgent For Review Please Comment Please Reply Please Recycle



RETIREMENT SYSTEMS
OF THE
CITY OF DETROIT

2 WOODWARD AVE, STE. 908
DETROIT, MICHIGAN 48226
PHONE 313•224•3362
TOLL FREE 800•339•8344
FAX 313•224•3522

November 19, 2013

Thomasena Barge
2220 Lawrence St #204
Detroit, MI 48206

Pension#: 196890

RE: Service Check

Dear Ms. Barge;

As of November 19, 2013 you had a total of 9 year(s) and 3 month(s) of service time with the City of Detroit. If you have any questions, please feel free to contact me at 313-224-3362 ext. 227.

Sincerely,

Danielle Westbrook
City of Detroit
Retirement Systems

Disclaimer;

This is a service check based on information available at this time and should not be interpreted as a final determination of your service time.

MEMORY TRANSMISSION REPORT

TIME : 11-26-2013 09:42
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 917
DATE : 11.26 09:28
TO : 13139645220
DOCUMENT PAGES : 25
START TIME : 11.26 09:35
END TIME : 11.26 09:42
PAGES SENT : 25
STATUS : OK

SUCCESSFUL TX NOTICE

**Michigan Works!
Grosse Pointe**

Fax

To: Al Garrett From: Theresa Bangs
Fax: (313) 964-5220 Pages: Twenty-five
Phone: (313) 964-1711 Phone: (517) 344-8367
City of Detroit Date: November 26, 2013
Workforce Management Systems

Urgent For Review Please Comment Please Reply Please Recycle

November 26, 2013

Thomasena Barge
5226 Newport Street
Detroit, Michigan 48213
Pension #196890
Re: Service Check

Mr. Al Garrett President
Local 1023, Council 25
600 W. Lafayette Street
Detroit, Michigan 48226

Re: Service Time with City of Detroit

Dear Mr. Garrett,

On November 15, 2013, I faxed you the information that you requested regarding my service time with the City of Detroit. At that time I mentioned that I had the last two years of my pay stubs from the City of Detroit. Today I am faxing you copies of those check stubs as I also did to Danielle Westbrook at the Retirement Systems Of The City of Detroit.

I hope these check stubs will help in assisting in clearing the discrepancy regarding my service time with the City of Detroit from 7/7/77 to 5/1/88.

Sincerely,

Thomasena Barge

A handwritten signature in black ink that reads "Thomasena Barge". The signature is fluid and cursive, with "Thomasena" on the top line and "Barge" on the bottom line.

MEMORY TRANSMISSION REPORT

TIME : 11-26-2013 09:35
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 916
DATE : 11.26 09:27
TO : # 13132243522
DOCUMENT PAGES : 25
START TIME : 11.26 09:28
END TIME : 11.26 09:35
PAGES SENT : 25
STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

To: Danielle Westbroek From: Thomasina Bang
Fax (313) 224-3522 Pages: Twenty-Five (25)
Phone (313) 224-3367 (x227) Phone: (517) 348-8367
Re: Settlement Systems Date: November 26, 2013

Urgent For Review Please Comment Please Reply Please Recycle

November 26, 2013

Thomasena Barge
5226 Newport Street
Detroit, Michigan 48213
Pension #196890
Re: Service Check

Retirement Systems Of The
City of Detroit
Danielle Westbrook
2 Woodward Ave. Ste. 908
Detroit, Michigan 48226

Dear Danielle Westbrook,

On November 19, 2013, I visited the Retirement Systems Of The City of Detroit regarding my service with the City of Detroit from 7/7/77 to 8/1/88 to obtain that information for Al Garrett, President of Local 1023, Council 25.

At that time I was given a letter with information that you have in your retirement system for the City of Detroit. I faxed that information to Mr. Garrett. However, I do have the last two years of my check stubs and I am supplying copies to Mr. Garrett, and I am supplying copies to you as well. Maybe they will help clear up the discrepancy that I am disputing regarding my time with the City of Detroit.

Sincerely,

Thomasena Barge

A handwritten signature in cursive ink that reads "Thomasena Barge". The signature is fluid and written in black ink on a white background.

MEMORY TRANSMISSION REPORT

TIME : 12-02-2013 12:40
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 987
DATE : 12.02 12:32
TO : * 13132249194
DOCUMENT PAGES : 29
START TIME : 12.02 12:33
END TIME : 12.02 12:40
PAGES SENT : 29
STATUS : OK

SUCCESSFUL TX NOTICE

**Michigan Works!
Grosse Pointe**

Fax

Marilyn Roc Berdijo
To: GSE Executive Director From: Theresa Bang
Fax: (313) 224 - 9194 Pages: 29
Phone: (313) 224 - 3362 X 203 Phone: (313) 423 - 1529
Re: Service Check Date: December 2, 2013
Person #: 196890
 Urgent For Review Please Comment Please Reply Please Recycle

December 2, 2013

Thomasena Barge
5226 Newport Street
Detroit, Michigan 48213
(313) 423-1529

Marilyn Rock Berdijo
Asst. Executive Director
Board of Trustees
General Retirement System
2 Woodward Ave. Rm 908
Detroit, Michigan 48226
(313) 224-3362 x203

Your Honorable Body
Board of Trustees:

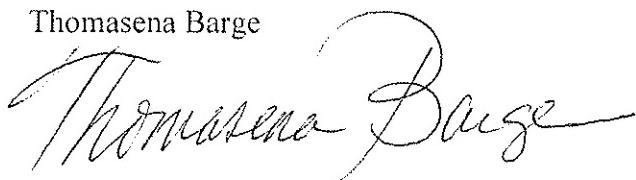
At this time, I am requesting a hearing before the Board of Trustees regarding my Service Time with the City of Detroit from July 7, 1977 to May 1, 1988. The Retirement System has my time as deficient by nine (9) months. I refute the time that is on the Retirement System Records.

I am submitting the last two years plus of check stubs from the City of Detroit. The main reason that I still have those check stubs is these check stubs started after I was represented by the Union President, Al Garrett. It was a painful time with the City of Detroit.

I am faxing all of the information that I have accumulated since November 12, 2013 when I learned by accident that I might be eligible for a pension. I am faxing the letter that I wrote to Mr. Garrett, and I am faxing you the letter that I received from Ms. Danielle Westbrook. In addition I am faxing you the check stubs. I am thanking you in advance.

Sincerely,

Thomasena Barge

A handwritten signature in black ink that reads "Thomasena Barge". The signature is fluid and cursive, with "Thomasena" on top and "Barge" below it, both starting with a capital letter.

MEMORY TRANSMISSION REPORT

TIME : 01-22-2014 09:30
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 478
DATE : 01.22 09:26
TO : 13132249194
DOCUMENT PAGES : 19
START TIME : 01.22 09:26
END TIME : 01.22 09:30
PAGES SENT : 19
STATUS : OK

SUCCESSFUL TX NOTICE

**Michigan Works!
Grosse Pointe**

Fax

To: Honorable Board of Trustees From: Thomasua Bang
Fax: (313) 224-9194 Pages: Nineteen (19)
Phone: (313) 224-362 X 203 Phone: (313) 423-1529
Re: "Approval Letter" Date: January 22, 2014

Urgent For Review Please Comment Please Reply Please Recycle

January 22, 2014

Thomasena Barge
5226 Newport Street
Detroit, Michigan 48213
(313) 423-1529
Pension #196890

Marilyn Rock Berdijo
Asst. Executive Director
Board of Trustees
General Retirement System
2 Woodward Ave. Rm. 908
Detroit, Michigan 48226
(313) 224-3362 X203
Fax: (313) 224-9194

Your Honorable Body
Board of Trusties:

On December 2, 2013, I penned a letter to you regarding time with the City of Detroit under the Coleman A. Young Administration. Since that time, I have been contacted that a recalculation of my time verified that I did indeed have the Ten Year Requirement to be eligible for a pension from the City of Detroit. I officially retired on Wednesday, December 17, 2013. At that time, I was told at my Exit Interview with Senior Clerk, Ms. Shirley Hill that I would receive my first Benefits on January 31, 2014 since the first of the month of February would fall on a Saturday.

On yesterday, January 21, 2014, I appeared at the General Retirement Systems and I spoke to Ms. Westbrook regarding the "letter" that Ms. Hill informed me that I would be receiving to inform me of the Benefits that I would be receiving. I learned from Ms. Westbrook that the "Approval Letter" had not been generated from Your Honorable Body Board of Trusties. That is why I am penning this letter this morning to Your Honorable Bard of Trusties.

This letter is to inform you of my indigent status. I have been living in poverty for the past twenty-five and a half years since I resigned under duress from the City of Detroit. However, I am focusing at this time on the past ninety days. On November 18, 2013, I had a devastating fall on Wayne State Campus at the Undergraduate Library. I injured my left shoulder rotator cuff, my left hip, my left pelvic and my back. I have been under doctor's care with the Henry Ford Health System when I went for X-rays at Cottage Hospital located in Grosse Pointe, Michigan.

My doctors at the Harbor Town location of the Henry Ford Health System who are Dr. Gonzales and Dr. Passerman referred me to take Physical Therapy for my injuries because I am incapacitated. My mobility has been severely handicapped since I fell on

**GENERAL RETIREMENT
SYSTEM
OF THE CITY OF DETROIT
BENEFIT ESTIMATE**
 Calculated on: 12/02/2013
 (Vested Pension Effective 8/1/2004)



BARGE, THOMASENA
 5226 NEWPORT ST
 DETROIT MI 48213

Date of Birth:	07/20/1942	
Service Date	07/09/1978	
Retirement Date:	8/1/2004	
	YR	MO
Member Age	62	0

Calculation Factors Effective	04/29/1988
SSN: XXX - XX - 9261	Pension #: 196890

<u>Revenue Group</u>	<u>Service Credit Years</u>	<u>Service Credit Months</u>	<u>(A F C) Average Final Compensation</u>	
1	10	3	AFC from Wages	\$16,681.61
Included Military Service Credit	0	0		

TOTAL PENSION PRIOR TO OPTION SELECTION			Annuity Balance
<u>Service Pension</u>	<u>Basic Pension</u>	=	<u>Total Pension</u>
\$2,570.22	\$120.00		\$2,690.22
			\$0.00

15.408% Pension Calculation Percentage Factor

FOR QUESTIONS AND/OR APPOINTMENTS, PHONE (313) 224-3362

***THIS IS A RETIREMENT ESTIMATE BASED ON
 INFORMATION AVAILABLE AT THIS TIME. IT SHOULD NOT BE
 INTERPRETED AS A FINAL RETIREMENT ALLOWANCE***

GENERAL RETIREMENT SYSTEM**BENEFIT ESTIMATE**

Calculated on: 12/02/2013

Equated 62
[0.930473]Equated 65
[0.739805]BARGE, THOMASENA
Pension #: 196890

Straight Life	City Portion	STANDARD	BEFORE 62	AFTER 62	BEFORE 65	AFTER 65
0.008522	Annuity	\$0.00	\$0.00	\$0.00	\$390.03	\$165.85
	Total	\$224.18	\$0.00	\$208.59	\$0.00	\$0.00
				\$208.59	\$390.03	\$165.85

Cash Refund Ann.	City Portion	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85
0.008369	Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85

City of Detroit
GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

VESTED

To the Board of Trustees, City of Detroit
General Retirement System:

PENSION NUMBER

196890

SOCIAL SECURITY NUMBER

I, THOMASENA BARGE, a member of the Retirement System, hereby apply for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month JULY Day 20 Year 42

I request my retirement to be effective:

Month AUG Day 1 Year 02

I desire my retirement allowance benefits sent to:

No. 5226 Street NEWPORT
City Detroit State MI 48213

My title on the payroll is:

NEIGHBORHOOD SERVICE REP.
Department employed in:
MAYOR

In connection with my application for retirement on 8-1-02, I request a refund of \$ WITHDRAWN from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

STANDARD

EQUATED
& Decreased Thereafter

If you selected
this option please
initial _____

REGULAR
STRAIGHT LIFE
Allowance

OPTION I
Cash Refund
Annuity

OPTION 2
Joint and 100%
Survivorship

OPTION 3
Joint and 50%
Survivorship

OPTION A
Joint and 75%
Survivorship

OPTION B
Joint and 25%
Survivorship

(Write plan of retirement elected) STRAIGHT LIFE

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes No

Thomasena Barge
Signature of Member

I nominate as my beneficiary:

Beneficiary's date of birth:

Month _____ Day _____ Year _____

Beneficiary's Address

Beneficiary's place of birth: Beneficiary's Soc Sec No:

No. _____ Street _____

City _____ State _____

Beneficiary's relationship to me: Sex

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at Detroit, MI this 17th day of Dec. 2013

Shirley Hill
Signature of Witness

Thomasena Barge
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____ Relationship _____

date of birth _____

Name of Beneficiary

Dated _____ Signature of Member

Signature of Witness





RETIREMENT SYSTEMS
OF THE
CITY OF DETROIT

2 WOODWARD AVE. STE. 908
DETROIT, MI 48226-3413
PHONE 313-224-3362
TOLL FREE 800-339-8344
FAX 313-224-3522

February 27, 2014

Debra F.

Re: Signature Verification of Pension Recipient

REC'D MAR 07 2014

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT, MI 48213-3741

Dear Retiree:

The Board of Trustees of the Retirement System requires that your signature verification record be updated periodically.

It is necessary that you have this form signed, notarized and returned by the 14th of the month.

Name: BARGE, THOMASENA Social Security Number XXX-X-X-9261

Address: 5226 NEWPORT ST DETROIT, MI 48213-3741

The above information is correct: Yes No

My correct Address is:

Signature of Retirant:

Jill Kyles Barge

Telephone Number:

313-423-1529

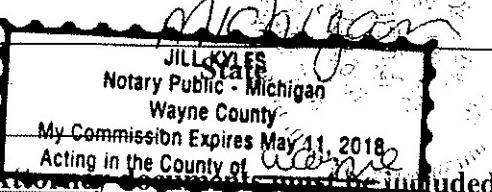
Your signature is required and should be signed and attested by a Notary Public affixed with a stamp or seal.

On this 7th day of March, 2014 before me personally appeared the above-named, known to me to be the person described in and who executed the foregoing signature.

Jill Kyles

Wayne

County



My commission expires

5-11-2018

If signed as Power-of-Attorney, an original of the Power-of-Attorney document is included

NOTE: IT IS IMPORTANT THAT THIS FORM BE COMPLETED AND RETURNED BY THE 14TH OF THE MONTH. FAILURE TO DO SO MAY RESULT IN YOUR MONTHLY PENSION CHECK BEING HELD. IF YOU HAVE DIRECT DEPOSIT, IT MAY BE CANCELLED.

If you have any questions regarding this letter, please contact the undersigned at (313) 224-3362 extension 238.
Very truly yours,

Juanita Waller

Juanita Waller
RSCD Specialist



**GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST**

Initial Selections

T.B.**1. TYPE OF RETIREMENT**

- | | | |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Service Retirement | <input type="checkbox"/> Duty Disability Retirement | <input type="checkbox"/> Widows Pension |
| <input type="checkbox"/> Early Retirement | <input type="checkbox"/> Non-Duty Disability | <input type="checkbox"/> Vested Pension-Current Annuity Balance |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Survivors Pension | <input checked="" type="checkbox"/> Vested Pension-Pension Retroactive to Eligibility Date |

2. OPTION SELECTION

- | | | |
|---------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Straight Life | <input type="checkbox"/> Option 1 (Cash Refund Annuity) | <input type="checkbox"/> Option A (75% Survivor) |
| <input type="checkbox"/> No option required | <input type="checkbox"/> Option 2 (100% Survivor) | <input type="checkbox"/> Option B (25% Survivor) |
| | <input type="checkbox"/> Option 3 (50% Survivor) | |

I understand that with selection of Straight Life or Option 1 there will be no spousal health care benefits after retiree's death.

3. UNUSED SICK PAY OPTION

YES NO _____

4. POP-UP SELECTION

YES NO _____

5. EQUATED SOCIAL SECURITY OPTION

AGE 62 AGE 65 _____

I understand that my gross monthly pension will be reduced effective the first day of the month following my _____ birthday.

6. MATERNITY LEAVE (7-2-65 TO 9-19-72)

YES NO _____

7. DEFINED CONTRIBUTION PLAN (Annuity Fund)

- | | |
|----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> No Withdrawal | <input type="checkbox"/> Partial Withdrawal |
| <input checked="" type="checkbox"/> Previously Withdrawn | <input type="checkbox"/> Total Withdrawal |
| <input type="checkbox"/> Rollover-Form to be submitted | |

Annuity Withdrawal Forms and Interest Letter Received

Bonus Distribution Notice Reviewed

8. WITHHOLDING TAX

- | | | |
|----------------------------------------------------|----------------------------------|------------------|
| <input checked="" type="checkbox"/> No withholding | <input type="checkbox"/> Married | _____ Exemptions |
| <input type="checkbox"/> Fixed amount \$_____ | <input type="checkbox"/> Single | _____ Exemptions |

STATE WITHHOLDING TAX

- | | | | |
|----------------------------------------------------|-----------------------------------------|---------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> 1. Not taxable | <input type="checkbox"/> 2. Before 1946 | <input type="checkbox"/> 3. Between 1946 and 1952 | <input type="checkbox"/> 4. After 1952 |
|----------------------------------------------------|-----------------------------------------|---------------------------------------------------|----------------------------------------|

9. DIRECT DEPOSIT

YES NO _____

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST
(Page 2)

Initial Selections

10. HOSPITALIZATION

Declined/Not Entitled

H.A.P.

Blue Cross

Blue Care Network

Community Blue

COBRA

11. EYE CARE COVERAGE

Declined/Not Entitled

Heritage

Spectra

12. DENTAL COVERAGE

Declined/Not Entitled

Blue Cross

Golden Dental

DenCap

13. DEATH BENEFIT

YES

NO

14. GROUP LIFE INSURANCE (Disability Only)

YES

NO

15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM
(TOTAL & PERMANENT DISABILITY)

YES

NO

16. PROOF OF BIRTH

EMPLOYEE Supplied

To Be Supplied

BENEFICIARY Supplied

To Be Supplied

17. MARRIAGE CERTIFICATE

Not married Supplied To Be Supplied

18. DIVORCE/EDRO

YES

NO

19. BENEFICIARIES CONFIRMED

ANNUITY

DEATH BENEFIT

LIFE INSURANCE

20. MILITARY SERVICE PURCHASED

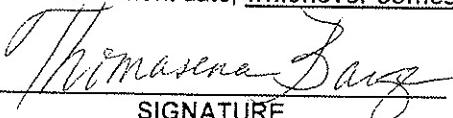
YES

NO

I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement

I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, whichever comes first.


SIGNATURE

12/17/2013
DATE


WITNESS





GENERAL RETIREMENT SYSTEM
OF THE
CITY OF DETROIT

2 WOODWARD AVE. STE. 908
DETROIT, MI 48226-3413
PHONE 313-224-3362
TOLL FREE 800-339-8344
FAX 313-224-3522

January 23, 2014

THOMASENA BARGE
5226 NEWPORT ST
DETROIT MI 48213-3741

Re: N-196890

Dear Ms. Barge:

On January 22, 2014, the Board of Trustees approved your Vested Retirement, effective August 1, 2002.

You selected the Straight Life Retirement Allowance. Upon your death, your retirement allowance will stop. Your accumulated contributions from the Annuity Savings Fund have already been refunded to you.

Your benefit will be approximately \$224.18 per month. Your first check covering the period from August 1, 2002 through February 28, 2014 will be mailed to you on or about March 1, 2014.

Very truly yours,

BOARD OF TRUSTEES

General Retirement System

PENSION STATEMENT

**General Retirement System
of the City of Detroit**
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Page 001 of 001
Period Beginning: 02/01/2014
Period Ending: 02/28/2014
Check Date: 03/01/2014
Check Number: 1000257056
Batch Number: 000000000525

Retirement Code E-80-0-1

Tax Code No Withholding
Pension No 196890
Social Security No XXX-XX-9261

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	31424.98	37065.70	37065.70	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

First Check--Your payment rates have been approved

Gross Pay	37065.70	37065.70	Total Deductions	0.00	0.00
			Net Pay	\$37,065.70	

IMPORTANT NOTES

Health care deductions reflected above are based on your elections.
Health care Stipends will come to eligible retirees separately. Expect stipend checks to arrive within the first week of March, 2014.
Adjustments to your health care may result in increased pension check amounts.
Questions call 1-855-224-6200



**General Retirement System
of the City of Detroit**
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

9-107720

Check Number: 1000257056
Check Date: 03/01/2014

This amount: THIRTY SEVEN THOUSAND SIXTY FIVE DOLLARS AND 70/100 \$**37,065.70

Pay to the
order of:
BARGE, THOMASENA

Void after 90 days

First Independence
National Bank of Detroit
44 Michigan Ave
Detroit, Michigan 48226

Cynthia A. Thomas

PENSION STATEMENT



*General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455*

Period Beginning: 03/01/2014
Period Ending: 03/31/2014
Check Date: 04/01/2014
Check Number: 1000259094
Batch Number: 000000000530

Retirement Code E-80-0-1

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

Tax Code No Withholding
Pension No 196890
Social Security No XXX-XX-9261

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	37301.51	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

Gross Pay	235.81	37301.51	Total Deductions	0.00	0.00
			Net Pay	\$235.81	

IMPORTANT NOTES

**General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455**

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This amount: TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100 \$**235.81

Pay to the BARGE THOMASENA

\$**235.81

Pay to the
order of: BARGE, THOMASENA

Void after 90 days

First Independence
National Bank of Detroit
44 Michigan Ave
Detroit, Michigan 48226

13-58846-JT5 Doc# 1881 Filed 09/19/14 Entered 09/19/14 10:48:11 Page 23 of 51

Cynthia A. Thomas

PENSION STATEMENT

**General Retirement System
of the City of Detroit**
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Page 001 of 001
Period Beginning: 05/01/2014
Period Ending: 05/31/2014
Check Date: 06/01/2014
Check Number: 1000262978
Batch Number: 000000000543

Retirement Code E-80-0-1

Tax Code No Withholding
Pension No 196890
Social Security No XXX-XX-9261

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	37773.13	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

Gross Pay	235.81	37773.13	Total Deductions	0.00	0.00
			Net Pay	\$235.81	

IMPORTANT NOTES

The General Retirement System and the Police and Fire Retirement System office is relocating across the street from the current office in the Coleman A. Young Municipal Building to the One Detroit Center. Our new address will be: 500 Woodward Avenue, 30th Floor, Suite 3000 Detroit, MI 48226. Our office will be closed on Friday, June 13, 2014. On June 16, 2014, we will open for business in our new location. All of our phone numbers and email addresses will remain the same. Visit www.rscd.org or www.pfrsdetroit.org for more information.

If you are entitled to receive a healthcare stipend from the City of Detroit, it is included in this month's pension check. If you have questions about the stipend or your healthcare, contact the Benefit Administration Office at 1-855-224-6200.

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM


General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

9-107/720
Check Number: 1000262978
Check Date: 06/01/2014

This amount: TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100 \$**235.81

Pay to the
order of:
BARGE, THOMASENA

Void after 90 days

Cynthia A. Thomas

First Independence
National Bank of Detroit
44 Michigan Ave
Detroit, Michigan 48226

PENSION STATEMENT

*General Retirement System
of the City of Detroit
500 Woodward Ave Ste 3000
Detroit, MI 48226-5493*

Page 001 of 001
Period Beginning: 06/01/2014
Period Ending: 06/30/2014
Check Date: 06/30/2014
Check Number: 1000266741
Batch Number: 000000000551

Retirement Code E-80-0-1

Tax Code No Withholding
Pension No 196890
Social Security No XXX-XX-9261

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	38008.94	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

Gross Pay	235.81	Total Deductions	0.00	0.00
		Net Pay	\$235.81	

IMPORTANT NOTES

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK CAYENNE TO LIGHTER APRICOT

0000 Automatic Data Processing (POSTNET)

General Retirement System
of the City of Detroit
500 Woodward Ave Ste 3000
Detroit, MI 48226-5493

9-107720
Check Number: 1000266741
Check Date: 06/30/2014

This amount: TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100 \$**235.81

Pay to the
order of: BARGE, THOMASENA

Void after 90 days

First Independence
National Bank of Detroit
44 Michigan Ave
Detroit, Michigan 48226

PENSION STATEMENT



General Retirement System
of the City of Detroit
500 Woodward Ave Ste 3000
Detroit, MI 48226-5493

Page 001 of 001
Period Beginning: 07/01/2014
Period Ending: 07/31/2014
Check Date: 08/01/2014
Check Number: 1000268600
Batch Number: 000000000557

Retirement Code E-80-0-1

Tax Code No Withholding
Pension No 196890
Social Security No XXX-XX-9261

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	38244.75	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

Gross Pay	235.81	38244.75	Total Deductions	0.00	0.00
			Net Pay	\$235.81	

IMPORTANT NOTES

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TEAR HERE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM



General Retirement System
of the City of Detroit
500 Woodward Ave Ste 3000
Detroit, MI 48226-5493

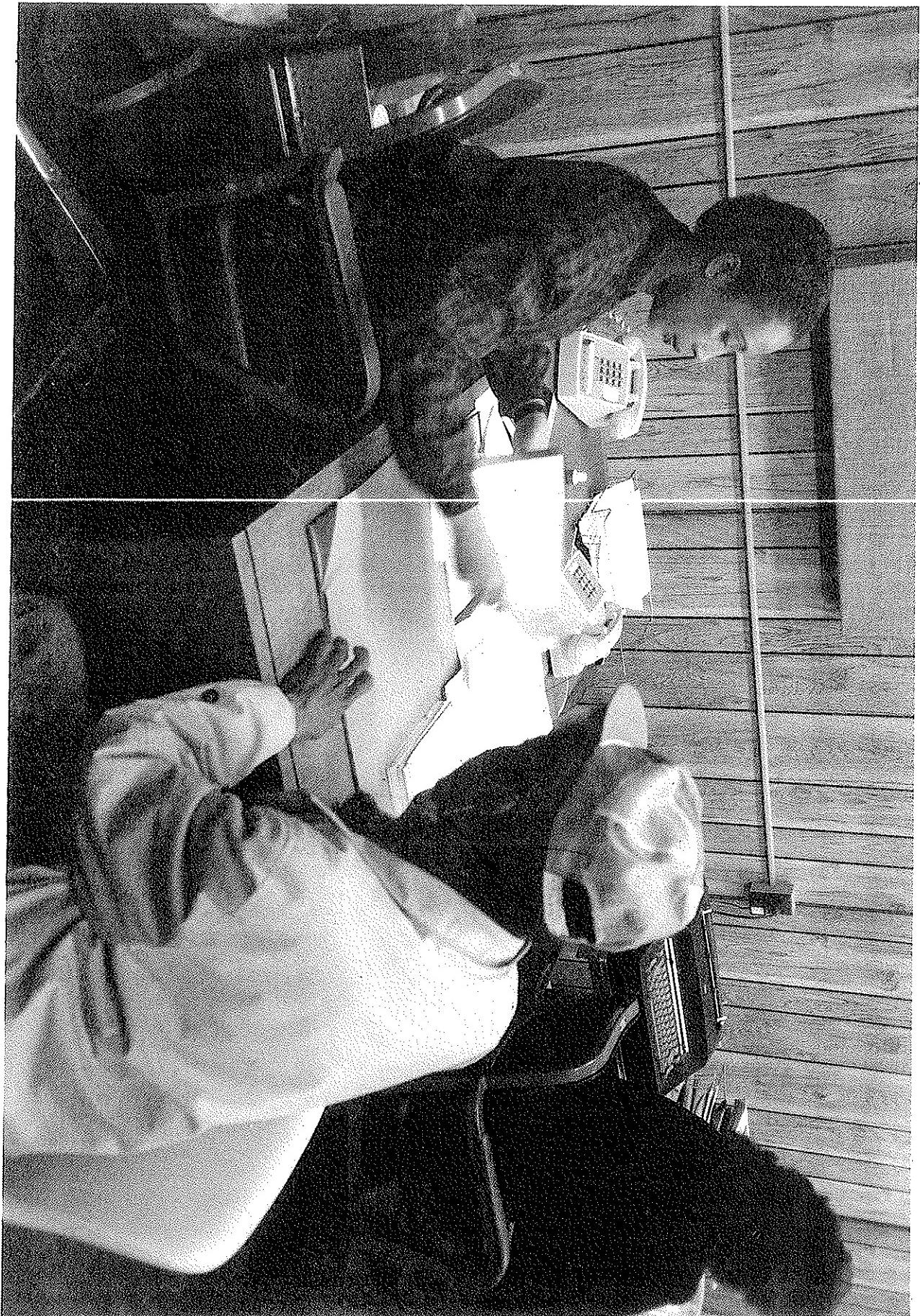
©2002 Automatic Data Processing (PCSOJCR)
9-107720
Check Number: 1000268600
Check Date: 08/01/2014

This amount:	TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100	\$\$235.81
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Pay to the
order of:
BARGE, THOMASENA

Void after 90 days

First Independence
National Bank of Detroit
44 Michigan Ave
Detroit, Michigan 48226



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CITY OF DETROIT • 120 CITY-COUNTY BLDG. • DETROIT, MICHIGAN 48226

AGENCY NO. 94

NON-DEPARTMENTAL

DATE 06-16-88 2604723

PLEASE DETACH BEFORE DEPOSITING CHECK

REFERENCE	INVOICE NO.	AMOUNT	REFERENCE	INVOICE NO.	AMOUNT
94004427	373449	1195926			
ANNU-REF-B/M 06/08/88					

T. Johnson - BARGE

0603773

SEQUENCE NO.

VENDOR NO.

TOTAL

\$11,959.26

JOHNSON THOMASE ACCOUNT

196890

DATE: 06/17/88 SHARE SUFFIX: 00

TODAY YOU MADE A SHARE WITHDRAWAL

SHARE AMOUNT	5,650.52
NEW SHARE BALANCE	4,308.74
CHECK NR BEING ISSUED	963849

WITHDRAW SIGNATURE

TELLER

26..37..4..06/17/88..064..SNC..09132

STATEMENT OF EARNINGS AND DEDUCTIONS
FOR 2/24/86 TO 3/09/86 PAID 3/14/86 CK000316
YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME			BANK	ACCOUNT	WEEK					
BARGE, THOMASENA											
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE				
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	3200	27932	FICA	2496	2496	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	3491
OVERTIME			FEDERAL WITHHELD	4034	4034	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.			MICHIGAN WITHHELD	1781	1781	HET. DED.		CREDIT UNION		COMP TIME	0
COLA			DETROIT WITHHELD	1047	1047	BONDS				PRIOR COMP TIME	0
SWH	800	6983	HOSPITAL		00					SICK TIME	0
										RESERVE SICK TIME	0
										SWH	160
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				9358	AMOUNT OF CHECK	25557		

MAIL 1190 AGENCY 33 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 3/10/86 TO 3/23/86 PAID 3/28/86 CK000320

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME			BANK	ACCOUNT	WEEK					
BARGE, THOMASENA											
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE				
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	69831	FICA	5351	7847	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	10974
OVERTIME			FEDERAL WITHHELD	11879	15913	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.			MICHIGAN WITHHELD	3816	5397	HET. DED.		CREDIT UNION		COMP TIME	0
COLA			DETROIT WITHHELD	2245	3292	BONDS				PRIOR COMP TIME	0
LONG	00	5000	HOSPITAL		00					SICK TIME	0
										RESERVE SICK TIME	0
										SWH	160
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				23291	AMOUNT OF CHECK	51540		

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 4/07/86 TO 4/20/86 PAID 4/25/86 CK0003236

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME			BANK	ACCOUNT	WEEK					
BARGE, THOMASENA											
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE				
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	69831	FICA	4993	17833	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	24940
OVERTIME			FEDERAL WITHHELD	11085	38083	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.			MICHIGAN WITHHELD	3212	12021	HET. DED.		CREDIT UNION		COMP TIME	0
COLA			DETROIT WITHHELD	2095	7482	BONDS				PRIOR COMP TIME	0
			HOSPITAL		00					SICK TIME	0
										RESERVE SICK TIME	0
										SWH	160
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK	48446		

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 3/26/86 TO 4/10/86 PAID

4/11/86 CK000323

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			BARGE, THOMASENA								15	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600	66339		FICA	4993	12840	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	17957
OVERTIME				FEDERAL WITHHELD	11085	26998	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.				MICHIGAN WITHHELD	3212	8809	NET. DED.		CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2095	5387	BONDS				SICK TIME	00
SWH	400	3492		HOSPITAL		00					RESERVE SICK TIME	00
											SWH	160
TOTAL GROSS		69831		TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK			48446

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 4/21/86 TO 5/04/86 PAID 5/09/86 CK000330

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			BARGE, THOMASENA								19	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6800	59356		FICA	4993	22826	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	319231
OVERTIME				FEDERAL WITHHELD	11085	49168	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.				MICHIGAN WITHHELD	3212	15233	NET. DED.		CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2095	9577	BONDS				SICK TIME	800
SWH	1200	10475		HOSPITAL		00					RESERVE SICK TIME	00
											SWH	400
TOTAL GROSS		69831		TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK			48446

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 5/05/86 TO 5/18/86 PAID 5/23/86 CK000334

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			BARGE, THOMASENA								21	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	62848		FICA	4993	27819	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	389071
OVERTIME				FEDERAL WITHHELD	11085	60253	LIFE INS.		SURVIVOR BENEFIT		VACATION	280
SHIFT PREM.				MICHIGAN WITHHELD	3212	18445	NET. DED.		CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2095	11672	BONDS				SICK TIME	800
SWH	400	3492		HOSPITAL		00					RESERVE SICK TIME	00
VAC	400	3492										
TOTAL GROSS		69832		TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK			48447

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL '8

ENT OF EARNINGS AND DEDUCTIONS FOR 5/19/86 TO 6/01/86 PAID 6/06/86 \$1500028

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK	ACCOUNT		WEEK		
		BARGE, THOMASENA				01	101172799		23		
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	62848	FICA	4992	32811	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	45890
OVERTIME			FEDERAL WITHHELD	11085	71338	LIFE INS.		SURVIVOR BENEFIT		VACATION	
SHIFT PREM.			MICHIGAN WITHHELD	3212	21657	RET. DED.		CREDIT UNION		COMP TIME	280
COLA			DETROIT WITHHELD	2095	13767	BONDS				PRIOR COMP TIME	
HOL	800	6983	HOSPITAL		00					SICK TIME	240
										RESERVE SICK TIME	
								BOND PURCHASE			
								BOND BALANCE			
TOTAL GROSS		69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21384	AMOUNT OF CHECK			48467

190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
MAIL CODE DETACH AND RETAIN FOR YOUR RECORDS

F 5391 CITY OF DETROIT FINANCE DEPARTMENT - BUDGET & CAPITAL PLANNING

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA				01		101172799		25	
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	5600	48882	FICA	4993	37804	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	52873
OVERTIME			FEDERAL WITHHELD	11085	82423	LIFE INS.		SURVIVOR BENEFIT			
SHIFT PREM.			MICHIGAN WITHHELD	3212	24869	RET. DED.	00	CREDIT UNION		VACATION	2001
COLA			DETROIT WITHHELD	2095	15862	BONDS				COMP TIME	101
SICK	1600	13966	HOSPITAL		00					PRIOR COMP TIME	101
VAC	800	6983	45120	872	872					SICK TIME	801
										RESERVE SICK TIME	01
								BOND PURCHASE			
								BOND BALANCE			
TOTAL GROSS		69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				22257	AMOUNT OF CHECK			475174

1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

TOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR REDUCTIONS ARE POSTED AND CHECKED.

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME	BANK	ACCOUNT	WEEK
3-1-1-1				

IL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETAILED PAYROLL STATEMENT
DETACH AND RETAIN FOR YOUR RECORDS

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 6/16/86 TO 6/29/86 PAID 7/03/86 4495763 CK000374

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		27
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	69831		FICA	4993	42797	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	11085	93508	LIFE INS.		SURVIVOR BENEFIT	
SHIFT PREM.				MICHIGAN WITHHELD	3212	28081	RET. DED.	120.00	CREDIT UNION	VACATION
COLA				DETROIT WITHHELD	2095	17957	BONDS			COMP TIME
				HOSPITAL		00				PRIOR COMP TIME
				45120	872	1244				SICK TIME
										RESERVE SICK TIME
									BOND PURCHASE	
									BOND BALANCE	
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				22377	AMOUNT OF CHECK	47154

1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
MAIL CODE DETACH AND RETAIN FOR YOUR RECORDS

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		31
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	1600	13966		FICA	999	48789	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	992	105585	LIFE INS.		SURVIVOR BENEFIT	
SHIFT PREM.				MICHIGAN WITHHELD	642	31935	RET. DED.	120.00	CREDIT UNION	VACATION
COLA				DETROIT WITHHELD	419	20471	BONDS			COMP TIME
				HOSPITAL		00				PRIOR COMP TIME
				45120	872	3488				SICK TIME
										RESERVE SICK TIME
									BOND PURCHASE	
									BOND BALANCE	
TOTAL GROSS			13966	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				4044	AMOUNT OF CHECK	9922

1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
MAIL CODE DETACH AND RETAIN FOR YOUR RECORDS

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		33
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	3200	27932		FICA	2496	51285	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	4034	109619	LIFE INS.		SURVIVOR BENEFIT	
SHIFT PREM.				MICHIGAN WITHHELD	1606	33541	RET. DED.	120.00	CREDIT UNION	VACATION
COLA				DETROIT WITHHELD	1047	21518	BONDS			COMP TIME
SICK	800	6983		HOSPITAL		00				PRIOR COMP TIME
				45120	872	4360				SICK TIME
										RESERVE SICK TIME
									BOND PURCHASE	
									BOND BALANCE	
TOTAL GROSS			34915	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				10175	AMOUNT OF CHECK	24740

1345384601 D 7581 38 Filed 09/18/10 Entered 09/18/14 NOT NEGOTIABLE Page 820151
CODE DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 8/11/86 TO 8/24/86 PAID 8/29/86

D 371115
ST500028

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA				01		101172799		35	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	65994	FICA	5243	56528	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	79060
OVERTIME			FEDERAL WITHHELD	1137	110756	LIFE INS.		SURVIVOR BENEFIT		VACATION	
SHIFT PREM.			MICHIGAN WITHHELD	984	34525	RET. DED.	120	CREDIT UNION		COMP TIME	200
COLA			DETROIT WITHHELD	1577	23095	BONDS	00			PRIOR COMP TIME	00
SICK	800	7333	HOSPITAL	45120	916		5276			SICK TIME	00
										RESERVE SICK TIME	00
										SWH	240
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						9977	AMOUNT OF CHECK	63350

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

F 5391

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 8/25/86 TO 9/07/86 PAID 9/12/86

D 373099
ST500033

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA				01		101172799		37	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	65994	FICA	5243	61771	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	86395
OVERTIME			FEDERAL WITHHELD	1137	111893	LIFE INS.		SURVIVOR BENEFIT		VACATION	
SHIFT PREM.			MICHIGAN WITHHELD	984	35509	RET. DED.	120	CREDIT UNION		COMP TIME	200
COLA			DETROIT WITHHELD	1577	24672	BONDS	00			PRIOR COMP TIME	00
HOL	800	7333	HOSPITAL	45120	916		6192			SICK TIME	00
										RESERVE SICK TIME	00
										SWH	2400
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						9977	AMOUNT OF CHECK	63350

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

F 5391

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 9/08/86 TO 9/21/86 PAID 9/26/86

D 375909
ST500031

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA				01		101172799		39	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	65994	FICA	5643	67414	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	94285
OVERTIME			FEDERAL WITHHELD	1224	113117	LIFE INS.		SURVIVOR BENEFIT		VACATION	
SHIFT PREM.			MICHIGAN WITHHELD	1242	36751	RET. DED.	120	CREDIT UNION		COMP TIME	200
COLA			DETROIT WITHHELD	1744	26416	BONDS	00			PRIOR COMP TIME	00
ADJ	800	5594	HOSPITAL		00					SICK TIME	00
SWH	800	7333	45120	916	7108					RESERVE SICK TIME	00
										SWH	1600
TOTAL GROSS		78921	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						10889	AMOUNT OF CHECK	68032

MAIL 1190 AGENCY 38 UNIT 1190

Filed 09/18/14 Entered 09/18/14

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSPage P338051
1358846-tjt Doc 7581

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 9/22/86 TO 10/05/86 PAID 10/10/86

D 378717
ST5000299

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
		BARGE, THOMASENA					01	101172799	61		
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	69661	FICA	8818	76232	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1066178
OVERTIME			FEDERAL WITHHELD	1912	115029	LIFE INS.		SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.			MICHIGAN WITHHELD	3284	40035	RET. DED.	120	CREDIT UNION		COMP TIME	00
COLA			DETROIT WITHHELD	3077	29493	BONDS	00			PRIOR COMP TIME	00
LONG SWH	00	50000	HOSPITAL		00					SICK TIME	800
SWH	400	3666	45120	916	8024					RESERVE SICK TIME	00
										SWH	1200
TOTAL GROSS		123327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		
MAIL CODE	1190	AGENCY 38	UNIT 1190								105200

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 10/06/86 TO 10/19/86 PAID 10/24/86

D 382290
ST5000307

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
		BARGE, THOMASENA					01	101172799	63		
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	73327	FICA	5243	81475	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1139505
OVERTIME			FEDERAL WITHHELD	1137	116166	LIFE INS.		SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.			MICHIGAN WITHHELD	984	41019	RET. DED.	120	CREDIT UNION		COMP TIME	00
COLA			DETROIT WITHHELD	1577	31070	BONDS	00	GARN	16067	PRIOR COMP TIME	00
			HOSPITAL		00					SICK TIME	800
			45120	916	89140					RESERVE SICK TIME	00
										SWH	1200
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		
MAIL CODE	1190	AGENCY 38	UNIT 1190								67283

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 10/20/86 TO 11/02/86 PAID 11/07/86

4727576
ST5000323

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
		BARGE, THOMASENA					01	101172799	65		
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	73327	FICA	5242	86717	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1211832
OVERTIME			FEDERAL WITHHELD	1137	117303	LIFE INS.		SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.			MICHIGAN WITHHELD	984	42003	RET. DED.	120	CREDIT UNION		COMP TIME	00
COLA			DETROIT WITHHELD	1577	32647	BONDS	00			PRIOR COMP TIME	00
			HOSPITAL		00					SICK TIME	1400
			45120	916	9856					RESERVE SICK TIME	00
										SWH	1200
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		



Checking Deposit Receipt

This receipt is issued subject to audit of the deposit or payment and all items credited are subject to final payment. The Bank symbol, transaction number, date and amount of deposit or payment are shown on this receipt.

First of America Bank, Detroit, N.A.
P.O. Box 2659, Detroit, MI 48231

09040711/07/969117D \$633.51 D

11881/1185/81071

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 11/17/86 TO 11/30/86

PAID 12/05/86

D 388205

ST5000346

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT	WEEK				
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE					
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8400	58662	FICA	5243	97203	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	359486
OVERTIME			FEDERAL WITHHELD	1137	119577	LIFE INS.	120	SURVIVOR BENEFIT			
SHIFT PREM.			MICHIGAN WITHHELD	984	43971	RET. DED.	3666	CREDIT UNION		VACATION	2000
COLA			DETROIT WITHHELD	1577	35801	BONDS				COMP TIME	00
HOL.	1600	14665	HOSPITAL		00					PRIOR COMP TIME	00
				45120	916					SICK TIME	800
										RESERVE SICK TIME	00
								BOND PURCHASE		SWH	1200
								BOND BALANCE			
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13643	AMOUNT OF CHECK		59684	

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

F 5391

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 12/01/86 TO 12/14/86

PAID 12/19/86

ST5000335

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT	WEEK				
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE					
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	73327	FICA	5243	102446	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1432813
OVERTIME			FEDERAL WITHHELD	1137	120714	LIFE INS.	120	SURVIVOR BENEFIT			
SHIFT PREM.			MICHIGAN WITHHELD	984	44955	RET. DED.	3666	CREDIT UNION		VACATION	2000
COLA			DETROIT WITHHELD	1577	37378	BONDS				COMP TIME	00
			HOSPITAL		00					PRIOR COMP TIME	00
				45120	916					SICK TIME	1600
								BOND PURCHASE		RESERVE SICK TIME	00
								BOND BALANCE		SWH	1200
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13643	AMOUNT OF CHECK		59684	

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B

FOR 12/12/86 TO 12/25/86

PAID 12/29/86

6237448
ST50003219

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT	WEEK				
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE					
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR			FICA	751	57959	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	771756
OVERTIME			FEDERAL WITHHELD	00	49290	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	141	32351	RET. DED.		CREDIT UNION		VACATION	00
COLA			DETROIT WITHHELD	231	22394	BONDS				COMP TIME	00
LONG	00	10000	HOSPITAL		00					PRIOR COMP TIME	00
										SICK TIME	00
								BOND PURCHASE		RESERVE SICK TIME	00
								BOND BALANCE			
TOTAL GROSS		75001	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13643	AMOUNT OF CHECK		59684	

1252846-tjt

Doc 75001 TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS

Entered 09/19/14 10:48:11 AM

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8377

City of Detroit11,246.35
712.91

BOARD OF TRUSTEES

EX-OFFICIO MEMBERS
COLEMAN A. YOUNG
Mayor

JACK KELLEY

Council Designate

VIRGINIA SIKORA

Treasurer

ELECTED MEMBERS

RICHARD P. FLEMING

RONALD B. GRACIA

ALEXANDER C. TOPALOV

RAYMOND WELBORNE

THOMAS ZDRODOWSKI

GEORGE A. WARREN

Retirant

Appointed Member

GEORGE W. BIRAM

Citizen

BELLA J. MARSHALL

Secretary

FRED MURPHY

Executive Secretary

A. S. PATEL, M.D.

Medical Director

YOUR ACCUMULATED
CONTRIBUTIONS ON
JULY 1, 1986

TRANSACTIONS IN YOUR ACCOUNT FROM JULY 1, 1986 TO JUNE 30, 1987

YOUR ACCUMULATED
CONTRIBUTIONS ON
JUNE 30, 1987

CONTRIBUTIONS

INTEREST

TRANSFERS

REFUNDS

8 7886 49

547 99

\$ 1912 77

00

\$ 00

RETIREMENT
NUMBER

SOCIAL SECURITY NUMBER

196890

373 44

9261

BARGE THOMASENA
3814 HAZELWOOD
DETROIT MI 48206CHECK ABOVE NUMBERS AND REPORT ERRORS
TO DEPARTMENT PERSONNEL OFFICE.

INTEREST RATE 7% FOR 1986-87

INTEREST INCLUDES ADDITIONAL DISTRIBUTION FOR:
FISCAL 1987 1,349.64CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 5/16/88 TO 5/29/88 PAID

5833732
6/03/88 CK0003417

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT	WEEK				
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE				
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR			FICA	00	57208	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	761756
OVERTIME			FEDERAL WITHHELD	00	49290	LIFE INS.		SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.			MICHIGAN WITHHELD	00	31910	RET. DED.		CREDIT UNION		COMP TIME	00
COLA			DETROIT WITHHELD	00	22163	BONDS				PRIOR COMP TIME	00
			HOSPITAL		00	49000	2500+			SICK TIME	00
										RESERVE SICK TIME	00
TOTAL GROSS		00	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS							AMOUNT OF CHECK	2500

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

F 5391
CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 4/18/88 TO 5/01/88 PAID 5/06/88 D 497168 ST 5000400

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT	WEEK				
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS				YEAR TO DATE				
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR			FICA	2087	49834	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	663577
OVERTIME			FEDERAL WITHHELD	100	42655	LIFE INS.	194	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.			MICHIGAN WITHHELD	960	27712	RET. DED.	1390	CREDIT UNION		COMP TIME	10400
COLA			DETROIT WITHHELD	765	19287	BONDS	2500			PRIOR COMP TIME	00
ADJ	22000	8910	HOSPITAL	100	40840	2000				SICK TIME	00
SICK	2000	18882	45120	944	3496	30012	10000			RESERVE SICK TIME	00
TOTAL GROSS		27792	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS							AMOUNT OF CHECK	7052

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CODE DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 4/04/88 TO 4/17/88 PAID 4/22/88 CK0003050

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS					YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	67974	FICA	5672	47747	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	633779
OVERTIME			FEDERAL WITHHELD	5104	42655	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3156	26752	NET. DED.	3776	CREDIT UNION		VACATION	10400
COLA			DETROIT WITHHELD	2197	18522	BONDS	2500			COMP TIME	00
SICK	800	7552	HOSPITAL	45120	00	40840	2000			PRIOR COMP TIME	00
				944	7552	30012	10000			SICK TIME	00
								BOND PURCHASE		RESERVE SICK TIME	1200
								BOND BALANCE	2500		
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					35443	AMOUNT OF CHECK		40083

1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 3/21/88 TO 4/03/88 PAID 4/08/88 CK0003059

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS					YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6800	64198	FICA	5672	42075	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	560253
OVERTIME			FEDERAL WITHHELD	5104	37551	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3156	23596	NET. DED.	3776	CREDIT UNION		VACATION	1600
COLA			DETROIT WITHHELD	2197	16325	BONDS				COMP TIME	00
SICK	800	7553	HOSPITAL	45120	00	40840	2000			PRIOR COMP TIME	00
HOL	400	3776		944	6608	30012	10000			SICK TIME	400
								BOND PURCHASE		RESERVE SICK TIME	1600
								BOND BALANCE			
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					32943	AMOUNT OF CHECK		42584

1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 3/07/88 TO 3/20/88 PAID 3/25/88 CK0003040

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT	WEEK			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS					YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	75527	FICA	5672	36403	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	484726
OVERTIME			FEDERAL WITHHELD	5104	32447	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3156	20440	NET. DED.	3776	CREDIT UNION		VACATION	1600
COLA			DETROIT WITHHELD	2197	14128	BONDS				COMP TIME	00
			HOSPITAL	45120	00	40840	2000			PRIOR COMP TIME	00
				944	5664	30012	10000			SICK TIME	400
								BOND PURCHASE		RESERVE SICK TIME	1600
								BOND BALANCE			
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					AMOUNT OF CHECK			42584

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CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND EXPENSES

STATEMENT OF EARNINGS AND DEDUCTIONS

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES

SOC. SEC. NO.		EMPLOYEE NAME					BANK		ACCOUNT		WEEK 08	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200	67974	FICA	5389	25059	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	333671	
OVERTIME			FEDERAL WITHHELD	4538	22239	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	2400	
SHIFT PREM.			MICHIGAN WITHHELD	2982	14128	RET. DEO.	3588	CREDIT UNION		COMP TIME	00	
COLA			Detroit Withheld	2083	9734	BONDS				PRIOR COMP TIME	00	
SICK	400	3776	HOSPITAL	45120	944	00	40840	2000		SICK TIME	400	
					3776	30012	10000			RESERVE SICK TIME	1600	
								BOND PURCHASE BOND BALANCE				
TOTAL GROSS		71750	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				31618	AMOUNT OF CHECK			40132	

1190 AGENCY 38 UNIT 1190
NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B STATEMENT OF EARNINGS AND DEDUCTIONS FOR 1/25/88 TO 2/07/88 PAID 2/12/88 28783 K0003054

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK 06	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR		8000	FICA	6824	19670	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	261921
OVERTIME			FEDERAL WITHHELD	6141	17701	LIFE INS.	94	SURVIVOR BENEFIT			100
SHIFT PREM.			MICHIGAN WITHHELD	3861	11146	HET. DED.	4543	CREDIT UNION		VACATION	2400
COLA			DETROIT WITHHELD	2657	7651	BONDS				COMP TIME	00
ADJ		20400	HOSPITAL	45120	00	40840	2000			PRIOR COMP TIME	00
				944	2832	30012	10000			SICK TIME	800
										RESERVE SICK TIME	1600
								BOND PURCHASE			
								BOND BALANCE			
TOTAL GROSS		90867	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				37064	AMOUNT OF CHECK			53803

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1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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DETACH AND RETAIN FOR YOUR RECORDS.

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO. [REDACTED]	EMPLOYEE NAME BARGE, THOMASENA					BANK		ACCOUNT		WEEK 04	
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	67974	FICA	5672	12846	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	171054
OVERTIME			FEDERAL WITHHELD	5104	11560	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3156	7285	NET. DED.	3776	CREDIT UNION		VACATION	2400
COLA			DETROIT WITHHELD	2197	4994	BONDS				COMP TIME	00
HOL	800	7553	HOSPITAL	45120	944	00	40840	2000		PRIOR COMP TIME	00
					1888	30012	10000		SICK TIME	00	
									RESERVE SICK TIME	1600	
								BOND PURCHASE BOND BALANCE			
TOTAL GROSS 75527		TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					32943	AMOUNT OF CHECK			42584

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MAIL CODE 1353846-tjt DDCENT Filed 09/18/14 Entered 09/19/14 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS Page 39 of 51

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 12/28/87 TO 1/10/88

PAID

1/15/88

5577734

CK0003101

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								02	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	2400	22658		FICA	7174	7174	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	6456	6456	LIFE INS.	94	SURVIVOR BENEFIT		95527
SHIFT PREM.				MICHIGAN WITHHELD	4129	4129	RET. DED.	3776	CREDIT UNION		00
COLA				DETROIT WITHHELD	2797	2797	BONDS				VACATION
LONG	00	20000		HOSPITAL							2400
SICK	1600	15106	45120		944	00	40840	2000			00
VAC	2400	22658				944	30012	10000			00
HOL	1600	15105									1600
TOTAL GROSS			95527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	58157

MAIL CODE 1190

AGENCY 38

UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 12/14/87 TO 12/27/87 PAID 12/30/87

5551620

CK0003296

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								53	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	2400	24464		FICA	5529	145212	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	5468	149559	LIFE INS.	94	SURVIVOR BENEFIT		2030944
SHIFT PREM.				MICHIGAN WITHHELD	3292	83875	RET. DED.	3867	CREDIT UNION		00
COLA				DETROIT WITHHELD	2251	58444	BONDS				VACATION
SICK	1600	15105		HOSPITAL		00	40840	2000			4800
SWH	2400	22658	45120		944	24180	38011	44600			00
HOL	1600	15105						30012			00
TOTAL GROSS			77332	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	9287

MAIL CODE 1190

AGENCY 38

UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

6890 PAYROLL B

FOR 12/29/86 TO 1/11/87 PAID 1/16/87

D 395049
ST5000339

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								03	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	4000	36663		FICA	5243	10224	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	9252	9252	LIFE INS.	120	SURVIVOR BENEFIT		142987
SHIFT PREM.				MICHIGAN WITHHELD	3108	3924	RET. DED.	3666	CREDIT UNION		00
COLA				DETROIT WITHHELD	2131	3598	BONDS				VACATION
SWH	400	3666		HOSPITAL		00	38011	4506			00
VAC	2000	18332	45120		916	916					PRIOR COMP TIME
HOL	1600	14665									SICK TIME
TOTAL GROSS			73326	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	44384

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DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 12/15/86 TO 12/24/86 PAID 1/02/87

D 393167

ST5000091

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT		WEEK		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	400	40330	FICA	4981	4981	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	6966
OVERTIME			FEDERAL WITHHELD	100	100	LIFE INS.		SURVIVOR BENEFIT		VACATION	200
SHIFT PREM.			MICHIGAN WITHHELD	116	116	RET. DED.	5488	CREDIT UNION		COMP TIME	00
COLA			DETROIT WITHHELD	1467	1467	BONDS				PRIOR COMP TIME	00
SICK	100	733	HOSPITAL							SICK TIME	1600
SWH	800	733								RESERVE SICK TIME	100
HOL	1600	14665								SWH	400
TOTAL GROSS		69161	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		100

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 11/30/87 TO 12/13/87 PAID 12/18/87 5525034 CK0003218

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT		WEEK		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600	71751	FICA	5400	139683	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1953612
OVERTIME			FEDERAL WITHHELD	5197	144091	LIFE INS.		SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.			MICHIGAN WITHHELD	3209	80583	RET. DED.	3776	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2197	56193	BONDS				PRIOR COMP TIME	00
SWH	400	3776	HOSPITAL	45120	944	30012	10000			SICK TIME	1600
										RESERVE SICK TIME	2400
										SWH	2400
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		44710

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 11/16/87 TO 11/29/87 PAID 12/04/87 5499310 CK0003109

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.	EMPLOYEE NAME					BANK	ACCOUNT		WEEK		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	5600	52869	FICA	5400	134283	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1878085
OVERTIME			FEDERAL WITHHELD	5197	138894	LIFE INS.		SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.			MICHIGAN WITHHELD	3209	77374	RET. DED.	3776	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2197	53996	BONDS				PRIOR COMP TIME	00
SICK	800	7553	HOSPITAL			30012	10000			SICK TIME	800
HOL	1600	15105								RESERVE SICK TIME	2400
										SWH	2800
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		44710

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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CITY OF DETROIT; FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL 8 FOR 12/01/86 TO 11/30/87 PAID 12/04/87 0 / CK0604383

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC'SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK 48	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR			FICA	1073	128883	BENEFIT PLAN		DEFERRED PAYPLAN		GROSS EARNINGS	1802558
OVERTIME			FEDERAL WITHHELD	00	133697	LIFE INS.		SURVIVOR BENEFIT			100
SHIFT PREM.			MICHIGAN WITHHELD	425	74165	RET. DEO.		CREDIT UNION		VACATION	000
COLA			DETROIT WITHHELD	381	51799	BONDS				COMP TIME	000
LONG A		15000	HOSPITAL		00					PRIOR COMP TIME	000
										SICK TIME	000
										RESERVE SICK TIME	000
								BOND PURCHASE BOND BALANCE			
TOTAL GROSS		15000	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				1379	AMOUNT OF CHECK			13121

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CODE DETACH AND RETAIN FOR YOUR RECORDS

1190 AGENCY 38 UNIT 1190 **NOT NEGOTIABLE** LONGEV
MAIL CODE DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 11/02/87 TO 11/15/87 PAID 11/20/87 599 CLK0003149.

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE INFORMATION (NAME IN WHICH YOUR DEDUCTIONS ARE POSTED) AND SHOULD BE NOTED IN ALL INQUIRIES.											
SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								47	
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	67974	FICA	5400	127810	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1787558
OVERTIME			FEDERAL WITHHELD	5197	133697	LIFE INS.	107	SURVIVOR BENEFIT		VACATION	000
SHIFT PREM.			MICHIGAN WITHHELD	3209	73740	HST. DED.	3776	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2197	51418	BONDS				PRIOR COMP TIME	000
HOL	800	7553	HOSPITAL		00	30012	10000			SICK TIME	1600
				45120	944					RESERVE SICK TIME	2400
					21348					SWH	2800
								BOND PURCHASE YTD BALANCE			
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK			44697

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CODE 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL FOR 10/19/87 TO 11/01/87 PAID 11/06/87 BY PAYROLL 261

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSED TO AND SHOULD BE NOTED IN ALL INVESTIGATIONS.

SOC. SEC. NO.	EMPLOYEE NAME				BANK	ACCOUNT		WEEK	
	BARGE, THOMASENA							45	
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6400	60422	FICA	5400	122410	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS
OVERTIME			FEDERAL WITHHELD	5197	128500	LIFE INS.	107	SURVIVOR BENEFIT	171203
SHIFT PREM.			MICHIGAN WITHHELD	3209	70531	RET. DEF.	3776	CREDIT UNION	0
COLA			DETROIT WITHHELD	2197	49221	BONOS			VACATION
SICK	1600	15105	HOSPITAL		00	30012	10000		4800
				45120	944	20404			00
									PRIOR COMP TIME
									SICK TIME
									1400
									RESERVE SICK TIME
									2400
								BOND PURCHASE	SWH
								BOND BALANCE	2800

TOTAL TAXES DEDUCTIONS
AND REIMBURSEMENTS

4400 **20** **4400** **4400** **4400**

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

196890 PAYROLL B STATEMENT OF EARNINGS AND DEDUCTIONS FOR 10/05/87 TO 10/18/87 PAID

10/23/87 5408413 ck0003211

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK 43	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	75527	FICA	5400	117010	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1636504
OVERTIME			FEDERAL WITHHELD	5197	123303	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3209	67322	NET. DED.	107	CREDIT UNION		VACATION	4800
COLA			DETROIT WITHHELD	2197	47024	BONDS	3776			COMP TIME	00
			HOSPITAL	45120	944		30012	10000		PRIOR COMP TIME	00
										SICK TIME	2400
										RESERVE SICK TIME	2400
										SWH	2800
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK			

MAIL CODE 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 9/21/87 TO 10/04/87 PAID 10/09/87 5383157 CK000322

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK 41	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	67974	FICA	5400	111610	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	156097
OVERTIME			FEDERAL WITHHELD	5197	118106	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3209	64113	NET. DED.	107	CREDIT UNION		VACATION	4800
COLA			DETROIT WITHHELD	2197	44827	BONDS	3776			COMP TIME	00
SICK	800	7553	HOSPITAL	45120	944		30012	10000		PRIOR COMP TIME	00
										SICK TIME	2400
										RESERVE SICK TIME	2400
										SWH	2800
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK			

MAIL CODE 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 9/07/87 TO 9/20/87 PAID 9/25/87 5357700 ck0003243

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK 39	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6400	60422	FICA	5536	106210	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1485450
OVERTIME			FEDERAL WITHHELD	5327	112909	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3296	60904	NET. DED.	107	CREDIT UNION		VACATION	4800
COLA			DETROIT WITHHELD	2253	42630	BONDS	3871			COMP TIME	00
ADJ	200	1888								PRIOR COMP TIME	00
SICK	800	7553	HOSPITAL	45120	944		30012	10000		SICK TIME	2400
HOL	800	7553								RESERVE SICK TIME	2400
										SWH	2800
TOTAL GROSS		77416	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				31334	AMOUNT OF CHECK			

MAIL CODE 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 8/24/87 TO 9/06/87 PAID

9/11/87 530453 CK003622

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								37	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7400	69862	FICA	5265	100674	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1408034
OVERTIME			FEDERAL WITHHELD	4914	107582	LIFE INS.	107	SURVIVOR BENEFIT	5000	VACATION	000
SHIFT PREM.			MICHIGAN WITHHELD	3122	57608	RET. DED.	3682	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2140	40377	BONDS	5000			PRIOR COMP TIME	000
SWH	400	3776	HOSPITAL	45120	944	30012	5000			SICK TIME	3200
										RESERVE SICK TIME	2400
										SWH	2800
TOTAL GROSS		73638	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						30174	AMOUNT OF CHECK	43464

MAIL CODE 1190

AGENCY 38

UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 8/10/87 TO 8/23/87

PAID 8/28/87 5303767 CK003460

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								35	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200	67974	FICA	5400	95409	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1334396
OVERTIME			FEDERAL WITHHELD	5197	102668	LIFE INS.	107	SURVIVOR BENEFIT	5000	VACATION	000
SHIFT PREM.			MICHIGAN WITHHELD	3209	54486	RET. DED.	3776	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2197	38237	BONDS	5000			PRIOR COMP TIME	000
COMP	800	7553	HOSPITAL	45120	944	30012	5000			SICK TIME	2400
										RESERVE SICK TIME	2400
										SWH	3200
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						44740	AMOUNT OF CHECK	30787

MAIL CODE 1190

AGENCY 38

UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 7/27/87 TO 8/09/87

PAID 8/14/87 5276386 CK003536

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								33	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	75527	FICA	5400	90009	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1258869
OVERTIME			FEDERAL WITHHELD	5197	97471	LIFE INS.	107	SURVIVOR BENEFIT	5000	VACATION	000
SHIFT PREM.			MICHIGAN WITHHELD	3209	51277	RET. DED.	3776	CREDIT UNION		COMP TIME	4800
COLA			DETROIT WITHHELD	2197	36040	BONDS	5000			PRIOR COMP TIME	800
			HOSPITAL	45120	944	30012	5000			SICK TIME	800
										RESERVE SICK TIME	2400
										SWH	2400
TOTAL GROSS		75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						30830	AMOUNT OF CHECK	44697

MAIL 1190

AGENCY 38

UNIT 1190

DETACH AND RETAIN FOR YOUR RECORDS

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**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B FOR 7/13/87 TO 7/26/87 PAID 7/31/87 CK0003476

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								31	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	8000		75527	FICA	5400	84609	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS	1183342
OVERTIME				FEDERAL WITHHELD	5197	92274	LIFE INS.	120	SURVIVOR BENEFIT	VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3209	48068	NET. DED.	3776	CREDIT UNION	COMP TIME	4800
COLA				DETROIT WITHHELD	2197	33843	BONDS			PRIOR COMP TIME	800
				HOSPITAL	45120	944	30012	5000		SICK TIME	800
										RESERVE SICK TIME	1600
										BOND PURCHASE BOND BALANCE	2400
										SWH	3200
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30843	AMOUNT OF CHECK		44684

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B FOR 6/29/87 TO 7/12/87 PAID 7/17/87 CK0003433

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								29	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	7200		67534	FICA	5369	79209	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS	1107815
OVERTIME				FEDERAL WITHHELD	5131	87077	LIFE INS.	120	SURVIVOR BENEFIT	VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3189	44859	NET. DED.	3754	CREDIT UNION	COMP TIME	5600
COLA				DETROIT WITHHELD	2183	31646	BONDS			PRIOR COMP TIME	00
HOL	800		7553	HOSPITAL	45120	944	30012	5000		SICK TIME	1600
										RESERVE SICK TIME	2400
										BOND PURCHASE BOND BALANCE	3200
TOTAL GROSS			75087	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30690	AMOUNT OF CHECK		44397

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890 PAYROLL B FOR 6/15/87 TO 6/28/87 PAID 7/02/87 CK0003643

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
		BARGE, THOMASENA								27	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	6400		58662	FICA	5243	73840	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS	1032728
OVERTIME				FEDERAL WITHHELD	4867	81946	LIFE INS.	120	SURVIVOR BENEFIT	VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	41670	NET. DED.	3656	CREDIT UNION	COMP TIME	5600
COLA				DETROIT WITHHELD	2131	29463	BONDS		GARN	PRIOR COMP TIME	00
SICK	800		7333	HOSPITAL	45120	916	30012	5000		SICK TIME	00
VAC	800		7333							RESERVE SICK TIME	800
										BOND PURCHASE BOND BALANCE	00
TOTAL GROSS			73328	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				42055	AMOUNT OF CHECK		31273

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NOT NEGOTIABLE PAYROLL Page 45 of 51

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL FOR 6/01/87 TO 6/14/87 PAID 6/19/87 CK 0003292

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
CODE DETACH AND RETAIN FOR YOUR RECORDS

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

STATEMENT OF EARNINGS AND DEDUCTIONS

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME		BANK		ACCOUNT		WEEK					
BARGE, THOMASENA						23					
EARNINGS		TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR		7200	FICA	5243	63354	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	886073
OVERTIME			FEDERAL WITHHELD	4867	72212	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.			MICHIGAN WITHHELD	3108	35454	HET. DEO.	120	CREDIT UNION		VACATION	6400
COLA			DETROIT WITHHELD	2131	25201	BONDS	3666			COMP TIME	00
HOL		800	HOSPITAL		00					PRIOR COMP TIME	00
			45120	916	10076					SICK TIME	1600
										RESERVE SICK TIME	00
								BOND PURCHASE			
								BOND BALANCE			
TOTAL GROSS		73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					AMOUNT OF CHECK			
							20053				57224

MAIL
CODE 1190 AGENCY 38 UNIT 1190 ~~REGISTRATION CHECK~~ 53476
NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

STATEMENT OF EARNINGS AND DEDUCTIONS

~~YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.~~

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED ON THIS FORM										
SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK
		BARGE, THOMASENA				01		101172799		21
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	4000	36663	FICA	5242	58111	BENEFIT PLAN		DEFERRED PAY PLAN	GROSS EARNINGS	812746
OVERTIME			FEDERAL WITHHELD	4867	67345	LIFE INS.	120	SURVIVOR BENEFIT	00	
SHIFT PREM.			MICHIGAN WITHHELD	3108	32346	RET. DED.	3666	CREDIT UNION	VACATION	4400
COLA			DETROIT WITHHELD	2131	23070	BONDS			COMP TIME	00
VAC	4000	36663	HOSPITAL		00	38011	53200		PRIOR COMP TIME	00
				45120	916	9160			SICK TIME	1600
									RESERVE SICK TIME	00
								BOND PURCHASE		
								BOND BALANCE		
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	76

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MAY 11 1987 AGENCY 38 INIT 1190 NOT NEGOTIABLE PAYROLL

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

196890. PAYROLL B

FOR 4/20/87 TO 5/03/87 PAID 5/08/87

D 418785 ST5000362

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		19
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	7200	65994	FICA	5243	52869	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME			FEDERAL WITHHELD	4867	62478	LIFE INS.	120	SURVIVOR BENEFIT		00
SHIFT PREM.			MICHIGAN WITHHELD	3108	29238	RET. DED.	3666	CREDIT UNION		VACATION
COLA			DETROIT WITHHELD	2131	20939	BONDS				COMP TIME
SICK	800	7333	HOSPITAL	45120	916	00				PRIOR COMP TIME
										SICK TIME
										RESERVE SICK TIME
								BOND PURCHASE		
								BOND BALANCE		
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	
73327									20051	
									53276	

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL

DETACH AND RETAIN FOR YOUR RECORDS

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		17
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	7600	69661	FICA	5243	47626	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME			FEDERAL WITHHELD	4867	57611	LIFE INS.	120	SURVIVOR BENEFIT		00
SHIFT PREM.			MICHIGAN WITHHELD	3108	26130	RET. DED.	3666	CREDIT UNION		VACATION
COLA			DETROIT WITHHELD	2131	18808	BONDS				COMP TIME
HOL	400	3666	HOSPITAL	45120	916	00				PRIOR COMP TIME
										SICK TIME
								BOND PURCHASE		RESERVE SICK TIME
								BOND BALANCE		
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	
73327									20051	
									53276	

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

SOC. SEC. NO.			EMPLOYEE NAME				BANK	ACCOUNT		WEEK
			BARGE, THOMASENA				01	101172799		15
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	7980	73144	FICA	5328	42383	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME			FEDERAL WITHHELD	4946	52744	LIFE INS.	120	SURVIVOR BENEFIT		00
SHIFT PREM.			MICHIGAN WITHHELD	3162	23022	RET. DED.	3726	CREDIT UNION		VACATION
COLA			DETROIT WITHHELD	2166	16677	BONDS				COMP TIME
ADJ	100	1375	HOSPITAL	45120	916	00				PRIOR COMP TIME
										SICK TIME
								BOND PURCHASE		RESERVE SICK TIME
								BOND BALANCE		
TOTAL GROSS			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK	
13-53846-117 7561			FILED 09/18/14 Entered 09/19/14 10:48:11 AM Page 47 of 51						54155	

**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS**

198890 PAYROLL B

FOR 1/26/87 TO 2/08/87 PAID 2/13/87

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— YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

MAIL 1190 AGENCY 38 UNIT 1190
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OF CHECK

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AGENCY

38 UNIT 1190

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**CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND EXPENDITURES**

196890 PAYROLL R

MENT OF EARNINGS AND DEDUCTIONS FOR 1/12/87 TO 1/26/87 PAID 3475157

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YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR PAYMENT

EMPLOYEE NAME												
SOC. SEC. NO.		BARGE, THOMASENA				BANK		ACCOUNT			WEEK	
						01		101172799			05	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR		7050	FICA	5144	15368	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	214939	
OVERTIME			FEDERAL WITHHELD	9046	18298	LIFE INS.	120	SURVIVOR BENEFIT				
SHIFT PREM.			MICHIGAN WITHHELD	3044	6968	RET. DED.	3598	CREDIT UNION		VACATION	00	
COLA			DETROIT WITHHELD	2089	56187	BONDS				COMP TIME	00	
HOL	800	7333	HOSPITAL		00					PRIOR COMP TIME	00	
			45120	916	1832					SICK TIME	1600	
										RESERVE SICK TIME	00	
								BOND PURCHASE				
								BOND BALANCE				
TOTAL GROSS		71952	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					23957	AMOUNT OF CHECK			
MAIL	1190	AGENCY	38	UNIT	1190						47095	

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CODE

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AMOUNT
OF CHECK

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MAIL 1190

AGENCY

38 UNIT 1190

NOT NEGOTIABLE

UNITED STATES BANKRUPTCY COURT
Eastern District of Michigan

In re: Thomasena Barge AKA Thomasene Barge

Chapter: 9

Case No.: 13-53846

Judge: RHODES

Address 5226 Newport Street
Detroit, Michigan 48213

Last four digits of Social Security or
Employer's Tax Identification (EIN) No(s). (if any): 9261

CREDITOR

NOTICE OF [MOTION] [OBJECTION]

XXXXXX has filed papers with the court to

(relief sought in motion or objection)

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to _____ [relief sought in motion or objection], or if you want the court to consider your views on the [motion] [objection], within 14 days, you or your attorney must:

- File with the court a written response or an answer, explaining your position at:¹

United States Bankruptcy Court

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above. All attorneys are required to file pleadings electronically.

You must also mail a copy to [enter your name and address and name and address of others to be served]:

- If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time and location of the hearing.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Date: September 18, 2014

Signature Thomasena Barge
Name Thomasena Barge AKA Thomasene Barge
Address 5226 Newport Street
Detroit, Michigan 48213

¹ Response or answer must comply with F. R. Civ. P. 8(b), (c) and (e)

FILED (1)
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT
2014 SEP 18 PM 10:10

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE: CITY OF DETROIT
Kevyn Orr, Emergency Manager
2 Woodward Avenue, Suite 1126
Detroit, Michigan 48226

CASE NO: 13-53846
CHAPTER: 9
JUDGE: RHODES

Debtor.

U.S. BANKRUPTCY COURT
E.D. MICHIGAN, DETROIT
FILED (1)
18 SEP 18 PM '10

CERTIFICATE OF SERVICE

The undersigned certifies that on September 18, 2014 (date of mailing), a copy of the annexed papers was served by depositing same, enclosed in a properly addressed postage-paid envelope, in an official depository under the exclusive care and custody of the United States Postal Service within the State of Michigan, upon [specify name and mailing address of each party served]: City of Detroit
Kevyn Orr, Emergency Manager
2 Woodward Avenue, Suite 1126
Detroit, Michigan 48226

Dated: September 18, 2014

CREDITOR'S

Thomasena Barge
(Debtor's Signature)

Print Name: Thomasena Barge AKA Thomasene Barge

N/A

(Co-Debtor's Signature) N/A

Print Name: _____